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PLACE OF BIRTH

1. County of Pima ARIZONA STATE BOARD OF HEALTH

District of _____ BUREAU OF VITAL STATISTICS

Town of Hayden ORIGINAL CERTIFICATE OF BIRTH

or _____

City of _____ No. _____ St. _____ Ward _____

2. Full name of child Odelia Alameda If birth occurred in a hospital or institution, give its NAME instead of street and number

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Dec 15 1924 Month day year

3. FATHER Full name George Alameda 9. Residence Hayden 10. Color or race Mexican 11. Age at last birthday 20 (Years)

12. Birthplace (city, state, country) Mexico 13. Occupation laborer Nature of industry _____

14. MOTHER Full maiden name Conita Obregon 15. Residence Hayden 16. Color or race Mexican 17. Age at last birthday 19 (Years)

18. Birthplace (city, state, country) Mexico 19. Occupation house wife Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living. 1 (b) Born alive but now dead. 0 (c) Stillborn _____

21. Were preparations taken against opthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

Signature Charles B. Hurd (Physician or midwife)

Address Hayden Arizona

Given name added from a supplemental report _____ Month, day, year. _____

Registrar. _____ Filed Dec 31 1924 County Registrar. _____

611-1218-168